MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12542

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH:

COUNTY: Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN: Princess Anne R.F.D.3

LENGTH OF STAY (in this place): 21 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.F.D.3

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Blanche (Last) Bogardus

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 10, 1888

9. AGE Last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Hallwood, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Ellis Kilmon

14. MOTHER'S MAIDEN NAME: Mary Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs Harry Davis Fruitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular accident — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. obesity

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 9-8, 1952 to 12-23, 1953, that I last saw the deceased alive on 10-6, 1953, and that death occurred at 8:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): George M. Elmer MD — ADDRESS: Princess Anne Md — DATE SIGNED: 12-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 12-26-1953 — **NAME OF CEMETERY OR CREMATORY:** St. Paul Cemetery — **LOCATION** (City, town, or county) (State): Marion, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/26/53 — **REGISTRAR'S SIGNATURE:** R.S. Johnson, M.D. — **24. FUNERAL DIRECTOR** — **ADDRESS:** Irvin R. Wilson, Princess Anne, Maryland

27

RECEIVED
DEC 30 1953
BUREAU V. S.

Film G 160 Item 21 1/7/54 SW

MARYLAND STATE DEPARTMENT OF HEALTH

12543

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Princess Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Same~~ Md. COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edora (Middle) W. (Last) Cantwell

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1953

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 24 1865

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: ? Brown

14. MOTHER'S MAIDEN NAME: Mary Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Frank Gibbons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
903.9 Immediate cause	(a) Malnutrition	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured hip	3 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT X (Specify) SUICIDE HOMICIDE Acc.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) (COUNTY) (STATE): Princess Anne, Somerset Co., Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-4-53 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell on floor at home

22. I hereby certify that I attended the deceased from 9-4, 1953, to 12-24, 1953 that I last saw the deceased alive on 12-24, 1953 and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE: Leo M Lemmon (Degree or title) MD ADDRESS: Princess Anne Md DATE SIGNED: 12-26-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/27/53

NAME OF CEMETERY OR CREMATORY: Friendship Cemetery

LOCATION (City, town, or county) (State): Somerset Md.

DATE REC'D BY LOCAL REG.: 12/26/53

REGISTRAR'S SIGNATURE: R. T. Johnson, M.D.

24. FUNERAL DIRECTOR ADDRESS: James Lemmon Princess Anne

ST

VS. A13

RECEIVED
DEC 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12544

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 32 Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 155 S. 4th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 32
STREET ADDRESS (If rural give location) 155 S. 4th St.

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) INDA (Last) DOUGLAS

4. DATE OF DEATH: (Month) December (Day) 4, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 9, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Smith Island-Somerset-Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Judson Sutton

14. MOTHER'S MAIDEN NAME: Harriet Matthews

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Mrs. Alice Fields— 155 S. 4th St. Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332 X (a) Cerebral thrombosis & Hemiplegia — Interval Between Onset And Death: 3 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to Dec 4, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE C. Rawley (Degree or title) M.D. ADDRESS Crisfield Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Dec. 6, 1953 NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery LOCATION (City, town, or county) (State) Crisfield-Somerset-Md.

DATE REC'D BY LOCAL REGISTRAR 12/7/53 REGISTRAR'S SIGNATURE Betty Tyler mnb

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15-1

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12545

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X risfield 32
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tangier ✓-43-3
STREET ADDRESS (If rural give location) Tangier ✓

3. NAME OF DECEASED: (Type or Print) (First) Rhonie (Middle) L. (Last) Eskridge

4. DATE OF DEATH: (Month) Dec. (Day) 4, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 6, 1897

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months 1 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tangier, Virginia 43

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Petty F. Shores

14. MOTHER'S MAIDEN NAME: Mary Crockett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Ira Eskridge, Tangier, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 6 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1947, to Dec 4, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 11 45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. S. Rawley M.D. ADDRESS Crisfield, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 6 1953

NAME OF CEMETERY OR CREMATORY Parks Cemetery

LOCATION (City, town, or county) (State) Tangier, Virginia

DATE REC'D BY LOCAL REGISTRAR 12/6/53

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

RECEIVED
DEC 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12546

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) 32 Crisfield
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 32
STREET ADDRESS (If rural give location) Broadway

3. NAME OF DECEASED: (Type or Print) (First) TOBE (Middle) JAMES (Last) LOUIS HARMON

4. DATE OF DEATH: (Month) December (Day) 28, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: January 1, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Exmore, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Harmon

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Mary Esther Harmon—Broadway—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) General Arteriosclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion

DUE TO

(c) Dropped Dead

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Natural Causes

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Coulbourn M.D. ADDRESS Crisfield Md. DATE SIGNED 12-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Dec. 31, 1953

NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 12/31/53

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors--Crisfield, Md.

RECEIVED
JAN 4 1954
BUREAU V. S.

Film#G160 Item# 1 1/6/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne-rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover R.F.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma Lou (Middle) Standwell (Last) (Harris)

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mrd

8. DATE OF BIRTH: December 12-53

9. AGE last birthday: yrs. 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kelly Standwell

14. MOTHER'S MAIDEN NAME: Lutricia Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Westover R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7767

Immediate cause (a) 6½ month Premature baby — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cause of Prematurity not determined. DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17 ..., 1953 ..., to 12-17 ..., 1953, that I last saw the deceased alive on 12-17, 1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R.H. Johnson M.D. ADDRESS Princess Anne Md DATE SIGNED 12-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-18-53 — NAME OF CEMETERY OR CREMATORY Revell neck — LOCATION (City, town, or county) Revell neck (State) md

DATE REC'D BY LOCAL REGISTRAR 12/17/53 — REGISTRAR'S SIGNATURE R.H. Johnson, M.D.

24. FUNERAL DIRECTOR Williams & James Jr. ADDRESS Princess Anne Md

40V3151321

B.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cove St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Cove St.

3. NAME OF DECEASED: (First) ATTIE (Middle) MAE (Last) HOLLAND
4. DATE OF DEATH: (Month) December (Day) 10 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	May 28, 1875	78 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Crisfield-Somerset-Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Batts
14. MOTHER'S MAIDEN NAME: Burnetta Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): --
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Mrs. Will Holland— Broadway Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.2
Immediate cause (a) ... Angina Pectoris — 1 hr -
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ... Arteriosclerosis - Hypertension years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonic Disease

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Dec. 10, 1953 that I last saw the deceased alive on Dec. 10, 1953 and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Sarah M. Peyton M.D.
ADDRESS: Crisfield, Md.
DATE SIGNED: Dec. 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Dec. 13, 1953
NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/14/53
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors—Crisfield, Md.
ADDRESS

VS. A15

RECEIVED
DEC 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VE. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mariners Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Mariners Road

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) EARL (Last) HOLLAND

4. DATE OF DEATH: (Month) December (Day) 5, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: May 15, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: for himself

11. BIRTHPLACE (State or foreign country): Crisfield-Somerset-Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Holland

14. MOTHER'S MAIDEN NAME: Lydia Riggin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Mrs. Addie Ward Holland— Mariners Rd. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X

Immediate cause (a) Coronary Disease — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Int. Nephritis, Chronic Myocarditis — about 3 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals, 1950, to Dec. 5, 1953, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Guy C Coulbourn M D

ADDRESS Marion Sta. Md

DATE SIGNED 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Dec. 8, 1953

NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 7, 1953

REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md.

ADDRESS

RECEIVED
DEC 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Sarah B. (Last) Horsey
4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1953
5. SEX: Fem
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 15-1887
9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sea food Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield Somerset co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Philip Fullen
14. MOTHER'S MAIDEN NAME: Harriet Faulbourn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-6812
17. INFORMANT & ADDRESS: William Horsey Marion Sta Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) 442X Cerebral Hemorrhage - ..... 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocarditis - Chronic ..... years
DUE TO (c) Int. Nephritis - General Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1953, to Dec 11, 1953, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Cochran M D — ADDRESS Marion Sta. Md — DATE SIGNED 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF Dec 15-53 — NAME OF CEMETERY OR CREMATORY Tawesky Cemetary — LOCATION (City, town, or county) (State) Marion Sta Somerset Co Md

DATE REC'D BY LOCAL REGISTRAR Dec. 14-1953 — REGISTRAR'S SIGNATURE Nellie D. Payne — 24. FUNERAL DIRECTOR Charles H. Ward — ADDRESS Marion Md

VS. A18

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2461

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Marion Station
LENGTH OF STAY (in this place) 62 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joshua (Middle) (Last) Horsey

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1953

5. SEX: M

6. COLOR OR RACE: B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Horsey

14. MOTHER'S MAIDEN NAME: Fannie Cutten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 216-05-3773

17. INFORMANT & ADDRESS: George Dilghman - Marion - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 422.1 (a) Chronic endocarditis + myocarditis — Interval Between Onset and Death: 3 or 4 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) general arteriosclerosis — 5 years +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53, to Dec. 28, 19 53, that I last saw the deceased alive on Dec. 28, 19 53, and that death occurred at 12 50 P. m., from the causes and on the date stated above.

SIGNATURE Robert F. Lewis — (DEGREE OR TITLE) M.D. — ADDRESS Crisfield Md — DATE SIGNED 12/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF 12-31-53 — NAME OF CEMETERY OR CREMATORY Mt. Lee - Cemetery — LOCATION (City, town, or county) (State) Marion Somerset Md

DATE REC'D BY LOCAL REG. 12-30-53 — REGISTRAR'S SIGNATURE Nellie W. Payne

24. FUNERAL DIRECTOR — ADDRESS George W. Dilghman

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]51

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Crisfield
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Marion Station
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ERTON (Middle) S. (Last) HOWARD

4. DATE OF DEATH: (Month) December (Day) 16 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 16, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Marion Station, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis H. Howard

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Cannon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Mrs. Vennia Howard--Marion Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 527.2 Spontaneous Pneumothorax, left — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Pulmonary Emphysema — Many years

DUE TO (c) Chronic Bronchial Asthma — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Subcutaneous Emphysema — 4 days

19a. DATE OF OPERATION: 12/12/53

19b. MAJOR FINDINGS OF OPERATION: Failure of lung to seal off after instituting continuous drainage by air

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1952, to Dec. 16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: A. N. Barr, M. D. (Degree or title) — ADDRESS: Crisfield, Md. — DATE SIGNED: 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Dec. 18, 1953 — NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery — LOCATION (City, town, or county) (State): Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/18/53 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors--Crisfield, Md.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 219 S. 7th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 219 S. 7th St.

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) MAE (Last) JACKSON

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 10, 1904

9. AGE (last birthday): 49 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Jones

14. MOTHER'S MAIDEN NAME: Dollie Beauchamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 215-07-2434

17. INFORMANT & ADDRESS: James Garfield Jackson— 219 S. 7th St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X

Immediate cause (a) Uremia — Interval Between Onset And Death: 1 day.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic nephritis; Hypertension — 5 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1953, to Dec. 31, 1953, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE: S. M. Peyton (Degree or title): M.D. ADDRESS: Crisfield Md DATE SIGNED: 1/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Jan. 3, 1954
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/2/54
REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors--Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover
STREET ADDRESS (If rural give location) RFD

3. NAME OF DECEASED: (Type or Print) (First) MAGGIE (Middle) ETHEL (Last) JOHNSON
4. DATE OF DEATH: (Month) (Day) (Year) December 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 31, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Riggin
14. MOTHER'S MAIDEN NAME: Annie Matthews

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Fred H. Johnson, Westover, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 592X (a) Coronary Disease — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Int. Nephritis, Chronic Myocarditis — 6 mos. about
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to Dec. 3, 1953, that I last saw the deceased alive on Dec. 3, 1953, and that death occurred at 11:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulburn M.D. ADDRESS Marion Sta. Md DATE SIGNED 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-6-53
NAME OF CEMETERY OR CREMATORY Quinton ME Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.
DATE REC'D BY LOCAL REGISTRAR 12-6-53
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Dennis & Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Marion Station
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural give location): P. Office Box 24

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) (Last) Jones
4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 14, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion Sta., Som. Co.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Jones
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No.
16. SOCIAL SECURITY No.: 213-24-4709
17. INFORMANT & ADDRESS: James Jones - Marion Sta., Md. Box 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis. — Interval Between Onset And Death:

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocarditis Senility

DUE TO (c) General Debility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm H Coulbourn M D
ADDRESS: Crisfield Md
DATE SIGNED: 12/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 23, 1953
NAME OF CEMETERY OR CREMATORY: Waters Chapel
LOCATION (City, town, or county) (State): Kingston, Som. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 22, 1953
REGISTRAR'S SIGNATURE: Nellie D. Payne
24. FUNERAL DIRECTOR: Charles H. Wells
ADDRESS: Marion Sta., Md. Box 235.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12735

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, R.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke R.F.D.
STREET ADDRESS (If rural give location) Pocomoke, Md.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) James (Last) Long

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 22, 1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Timber-mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Long

14. MOTHER'S MAIDEN NAME: Florence Bishop

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) War I

16. SOCIAL SECURITY No.: 217-01-0103

17. INFORMANT & ADDRESS: Margie Long - Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 33/X Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Stenosis mitral Disorder.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1 to 12/13, 19 53, that I last saw the deceased alive on 12/13, 19 53 and that death occurred at 2:10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Pocomoke City Md DATE SIGNED 12/15/53

Antonio Mo

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 20, 1953

NAME OF CEMETERY OR CREMATORY Tindsley Chapel

LOCATION (City, Town, or county) Pocomoke (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2-10-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Edgar Wharton

ADDRESS New Church, Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marumsco
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marumsco
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Asbury (Middle) 1 (Last) Milbourne

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 9. 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Marumsco Somerset Co Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Israc Milbourne
14. MOTHER'S MAIDEN NAME: Marvah Beauchamp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio Sclerosis DUE TO (c) Found on Floor Dead

Interval Between Onset And Death

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐ No

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Natural Cause
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... from the causes and on the date stated above.
SIGNATURE (Degree or title) Dead when I was called Hopkins Plan Dec 3/53
ADDRESS Crisfield Md DATE SIGNED Dec 3/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 4-1953
NAME OF CEMETERY OR CREMATORY Marumsco
LOCATION (City, town, or county) (State) Marumsco Somerset Co Md
DATE REC'D BY LOCAL REGISTRAR Dec. 4, 1953
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Charles Howard Marion sta ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
DEC 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Marion, Md — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Marion, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural give location) Marumsco, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) (Last) Milbourne

4. DATE OF DEATH (Month) (Day) (Year) December 30 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Col.	Married	Oct. 9, 1894	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Domestic	Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Wilson	Mary Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Lawson Milbourn - Marumsco, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Acute Dil of Heart Cerebral Hemorrh — Interval Between Onset And Death 24 hrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic myocarditis Chron Int nephritis — 10 years

DUE TO (c) General Arteriosclerosis — Hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 1953, to Dec. 30, 1953, that I last saw the deceased alive on Dec 30, 1953, and that death occurred at 9 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Luigi C. Cullen MD — ADDRESS Marum Sto Md — DATE SIGNED Dec 31 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/3/54	1 st. Baptism cemeter	Mappsville, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 31-1953	Nellie B. Payne	Edgar Wharton - New Church, Va.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1934
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Vernon Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon
STREET ADDRESS (If rural, give location) Mt. Vernon Rd.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Wesley (Last) Murray

4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 21 1895
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME William H. Hopkins
14. MOTHER'S MAIDEN NAME Tressie Horner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS William P. Murray Mt Vernon Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Myocardial Failure c̄ Pulmonary Odema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Monofecary

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed. Instant — 10/13/47 To 12/27/53

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13 about 1947, to 12/27, 1953, that I last saw the deceased alive on 12/21, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rev. B. Wheeler Mc. ADDRESS Princess Anne, Md. DATE SIGNED 12/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 29 1953
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) Mt Vernon (State) Md.

DATE REC'D BY LOCAL REG. 12/28/53
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. JT
24. FUNERAL DIRECTOR James Henman ADDRESS Princess Anne Md.

RECEIVED
DEC
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) 823 W. Main St.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) TUBMAN (Last) PARKER

4. DATE OF DEATH: (Month) December (Day) 4, (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 12, 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Crisfield-Somerset-Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jospeh Parker
14. MOTHER'S MAIDEN NAME: Nettie Ford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 217-05-5015
17. INFORMANT & ADDRESS: 823 W. Main St. Mrs. Elizabeth Lankford- Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4 20.0 (a) Myocardial Infarction — Interval Between Onset And Death 28 hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertension and Congestive Heart Failure — known 1 year

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1953, to Dec. 4, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 1:27 a.m., from the causes and on the date stated above.

SIGNATURE A. N. Barr (Degree or title) M.D. ADDRESS Crisfield DATE SIGNED Dec. 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Dec. 6, 1953
NAME OF CEMETERY OR CREMATORY Crisfield Cemetery
LOCATION (City, town, or county) (State) Crisfield-Somerset-Md.
DATE REC'D BY LOCAL REGISTRAR 12/5/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1953
BUREAU V. S.

12550

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Ruark
4. DATE OF DEATH (Month) 12 (Day) 26 (Year) 1953
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH Feb 11 1871
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Worchester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Ruark
14. MOTHER'S MAIDEN NAME Phoebe Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Virgil Marriner Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset and Death: Instant Death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — Hypertension - Generalized arterial sclerosis — Malaria

(c) Cerebral Hemorrhage — Mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 1953, to 12/26, 1953, that I last saw the deceased alive on 11/19, 1953 and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. B. Wheeley M.D. ADDRESS Princess Anne DATE SIGNED 12/27/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 28/53
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) Worcester Co (State) Md.

DATE REC'D BY LOCAL REG. 12/28/53
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. JT
24. FUNERAL DIRECTOR James Hinman Princess Anne Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
DEC 30 1953
BUREAU V. S

Film#G160 Item# 8 12/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

12561

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING —

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allenwood Maryland
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Clifton (Last) Webster

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: March 7, 1938

9. AGE last birthday: 16 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clifton C Webster

14. MOTHER'S MAIDEN NAME: Elizabeth Daniel -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-32-1805

17. INFORMANT AND ADDRESS: Clifton C Webster.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull - — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken Neck - — Interval between onset and death: —

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pick up truck turned over - in which he was passenger

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY: Highway 13

(CITY OR TOWN) 1½ Miles South of Princess Anne (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-7-53 2:11 P m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Was a Pick up truck -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R E Johnson M.D. Assistant Deputy Medical Examiner Princess Anne, Md 12-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12-9-1953

NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery

LOCATION (City, town, or county) (State): Deal Island Md

DATE REC'D BY LOCAL REG.: 12/8/53

REGISTRAR'S SIGNATURE: R E Johnson, M.D.

24. FUNERAL DIRECTOR ADDRESS: Irene R Watson Princess Anne, Md

JT

VS. A15A

RECEIVED
DEC 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12562

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 32
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tangier 43.3
STREET ADDRESS (If rural give location) Tangier

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Wesley (Last) Williams

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Dec. 25, 1885

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months 11 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Tangier, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Seth Williams

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles Williams, Tangier, Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset And Death: 1 yr (plus)
581.0

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1947, to Dec. 7, 1953, that I last saw the deceased alive on Dec 7, 1953 and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE C. E. Rawley (Degree or title) M.D. ADDRESS Crisfield - Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 9, 1953
NAME OF CEMETERY OR CREMATORY Swain Churchyard Cem.
LOCATION (City, town, or county) (State) Tangier, Virginia

DATE REC'D BY LOCAL REGISTRAR 12/9/53
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

VS. A 15

RECEIVED
DEC 14 1953
BUREAU V. S.